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CONFIRMATION NO. 3001

|   |   |                                |   |   |
|---|---|--------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/622,978  | <b>FILING OR 371(c) DATE</b><br>07/18/2003<br><b>RULE</b>   | <b>CLASS</b><br>382            | <b>GROUP ART UNIT</b><br>2609   | <b>ATTORNEY DOCKET NO.</b><br>061154-0075 |
| <b>APPLICANTS</b><br>Jimmy R. Roehrig, Palo Alto, CA;<br>Julian Marshall, Los Altos, CA; <i>DPR</i>   |   |                                |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/992,059 11/21/2001 PAT 7,054,473 and is a CIP of 10/079,327 02/19/2002 PAT 7,072,498<br><i>DPR</i>   |   |                                |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>DPR</i>  |   |                                |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 01/29/2004</b>  |   |                                |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and Acknowledged <i>DPR</i><br>Examiner's Signature Initials <i>DPR</i> |   | <b>STATE OR COUNTRY</b><br>CA  | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>32                 |
|   |   | <b>INDEPENDENT CLAIMS</b><br>4 |   |   |
| <b>ADDRESS</b><br>24341   |   |                                |   |   |
| <b>TITLE</b><br>Facilitating computer-aided detection, comparison and/or display of medical images  |   |                                |   |   |
| <b>FILING FEE RECEIVED</b><br>590   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |